

Date case restricted-



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4979

<b>SERIAL NUMBER</b> 10/763,380	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> 9369-292
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**  
 Maurice M. Moloney, Calgary, CANADA;  
 Gijs van Rooijen, Calgary, CANADA; } *gr*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/893,525 06/29/2001 PAT 6,753,167 which is a CIP of 09/210,843 12/18/1998 PAT 6,288,304 \*  
 which is a CIP of 08/846,021 04/25/1997 PAT 5,948,682  
 which is a CIP of 08/366,783 12/30/1994 PAT 5,650,554  
 which is a CIP of 08/142,418 11/16/1993 ABN  
 which is a CIP of 07/659,835 02/22/1991 ABN  
 (\*)Data provided by applicant is not consistent with PTO records. } *gr*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/08/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>gr</i>	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 5
--	--	-----------------------------------	-----------------------------	---------------------------	--------------------------------

**ADDRESS**  
1059

AIR MAIL

**TITLE**  
Preparation of heterologous proteins on oil bodies

<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---